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<PROCEEDING> WC Docket No. 02-60

<DATE> 05/05/2007

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- World Network Institutional Services request 100 Million in funding to support wired and wireless infrastructure costs for telemedical applications in education and medical treatment in the northeast capable of operating through natural disasters and power outages. World Network Institutional Services will be legally and financially responsible for the conduct of activities supported by the fund;

- The goals and objectives of the proposed network is to advance the use of tel-medical and tel-education in medicine;

- Estimated network's total costs for each year; 65 million initial outlay for backbone wireless infrastructure and ongoing 6 million per year for central office operations and expected equipment upgrades cycles of 4 years.

- The for-profit network participants will pay their fair share of the network costs; by a fee structure divided into base rate and usage or through online ad revenues recouped from targeted solicitations.

- The source of financial support and anticipated revenues that will pay for costs not covered by the fund is expected from advertisers and users;

- A List of the health care facilities that will be included in the network;

- health care providers to be listed in later correspondence include:

- o Post-secondary educational institutions offering health care instruction, teaching hospitals, or medical schools;

- ☐ All City of New York University ( CUNY) and community colleges teaching telemedicine.

- o Community health centers or health centers providing health care to migrants;

- ☐ All New York City Health and Hospital Corporation Centers performing medicine.
- ☐ Local health departments or agencies including dedicated emergency departments of rural for-profit hospitals;
- ☐ New York City Department of Health.
- ☐ Community mental health centers;
- ☐ Not-for-profit hospitals;
- ☐ CUNY Affiliated non public Hospitals being used for clinical rotation.
- ☐ Rural health clinics, including mobile clinics;
- ☐ World Network Institutional Services will act as the network aggregator of a Consortia of health care providers consisting of one or more of the above entities; and
- ☐ Part-time eligible entities located in otherwise ineligible facilities.

And for a fee or other compensation connect:

- Non-eligible health care providers include any for-profit institutions (except as noted above), or any health care provider types not listed above. Examples of non-eligible providers include:
    - ☐ Private physician offices or clinics;
    - ☐ Nursing homes or other long-term care facilities (e.g. assisted living facilities);
    - ☐ Residential substance abuse treatment facilities;
    - ☐ Hospices;
    - ☐ Emergency medical service facilities (e.g., rescue squads, ambulance services);
    - ☐ For-profit hospitals;
    - ☐ Hospital for Special Surgeries
    - ☐ Home health agencies;
    - ☐ Visiting nurse services, United Cerebral Palsy
    - ☐ Blood banks;
    - ☐ Social service agencies; and
    - ☐ Community centers, vocational rehabilitation centers, youth centers.
  - We will provide the address, zip code, Rural Urban Commuting Area (RUCA) code and phone number for each health care facility participating in the network at a later correspondence;
- Monticello, New York  
 Liberty , New York  
 NYC  
 Nassau  
 Suffolk
- Indicate previous experience in developing and managing telemedicine programs; Walter Iwachiw has built a regional internet service in 1995 and is

training for a professional medical license since 2004 plus the inventor of patent pending telemetry equipment.

- The project management plan outlining the project's leadership and management structure, as well as its work plan, schedule, and budget; is dependent on the collateral infrastructure buildout of World Network International services subsidiaries in Washington DC, New York City , Nassau County and Suffolk County and in Washington DC , Boston and NYC subways and commuter lines.

- The telemedicine program will be coordinated throughout the state or region; by establishing relationships with the suppliers ( drug companies ) and the providers of care (medical staff).

- Once built the network can be self-sustaining once established when the new undefined telemedicine services become chargeable as part of the services rendered and reimbursable under Medicaid , Medicare and managed care institutions, the cost benefit for preventive care versus emergency medicine. To be preventable the client is a consumer and would most likely use a quick convenient and universally accepted.

- World Network Institutional Services lead consortium applicant will instruct institutions on buildouts including:

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- Initial network design studies;
- Transmission facilities;
- Recurring and non-recurring costs of advanced telecommunications and information services, such as connection to the public Internet; and
- World Network Institutional Services requested, that the costs of connecting to the regional and state networks to Internet2 and National LambdaRail, which are both dedicated nationwide backbones for redundancy in network access and as a supplement to the wireless network be funded through this program.

The concept here is to provide rural clients with access to urban medical facilities via high speed connectivity in remote access situations. Providing the opportunity to have medical personnel collaborate on cases and assess patients remotely at rural clinics. Also promote the potential of preventive care.

Conceptually, the current rfp's for wireless services could be supplemented by the grant funds and go a long way to provide telemedicine access in several unique areas,

courtesy copy of their application to each of the following individuals: 1) Erika Olsen, (202) 418-2868, [erika.olsen@fcc.gov](mailto:erika.olsen@fcc.gov); 2) Thomas Buckley, (202)

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